



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**CEMETERY ANNUAL PRE-NEED TRUST REPORT**

OFFICE OF ENDOWED CARE CEMETERIES  
PO BOX 1335  
JEFFERSON CITY MO 65102-1335  
TELEPHONE: 573-751-0849  
<http://pr.mo.gov/endowedcare.asp>  
[endocare@pr.mo.gov](mailto:endocare@pr.mo.gov)

|               |                |
|---------------|----------------|
| CEMETERY NAME | LICENSE NUMBER |
| ADDRESS       | COUNTY         |

The following statement of the endowed care fund for fiscal year 20 \_\_\_\_ is prepared in accordance with the 2010 amended provision of RSMo 214.340. It shall be sent to the Division of Professional Registration within ninety days after the close of the trust year and a copy shall be available in the office of the cemetery for inspection by lot owners during normal office hours.

**TO BE COMPLETED BY CEMETERY OWNER**

|   |  |                               |
|---|--|-------------------------------|
| FACE VALUE OF ALL CONTRACTS FOR BURIAL MERCHANDISE AND SERVICES |  | \$                            |
| SIGNATURE   |  | DATE                          |
| NOTARY PUBLIC EMBOSSER OR<br>BLACK INK RUBBER STAMP SEAL        | STATE  | COUNTY (OR CITY OF ST. LOUIS) |
|   | SUBSCRIBED AND SWORN BEFORE ME, THIS         |                               |
|   | DAY OF                                       | YEAR                          |
|   | <b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b> |                               |
| NOTARY PUBLIC SIGNATURE   | MY COMMISSION<br>EXPIRES                     |                               |
| NOTARY PUBLIC NAME (TYPED OR PRINTED)                           |  |                               |

**TO BE COMPLETED BY TRUSTEE**

|  |  |                               |
|--|--|-------------------------------|
| AMOUNT ON DEPOSIT IN ESCROW/TRUST ACCOUNT                |  | \$                            |
| SIGNATURE  |  | DATE                          |
| NOTARY PUBLIC EMBOSSER OR<br>BLACK INK RUBBER STAMP SEAL | STATE  | COUNTY (OR CITY OF ST. LOUIS) |
|  | SUBSCRIBED AND SWORN BEFORE ME, THIS         |                               |
|  | DAY OF                                       | YEAR                          |
|  | <b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b> |                               |
| NOTARY PUBLIC SIGNATURE                                  | MY COMMISSION<br>EXPIRES                     |                               |
| NOTARY PUBLIC NAME (TYPED OR PRINTED)                    |  |                               |